CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: FEPA EEOC	41/2	ancy(ies) Char	01716
State or local Agency,	if any			and EEOC
Name (Indicate Mr., Ms., Mrs.)		Home Phone (In	nci. Area Code)	Date of Birth
Ms. Leyzenda Michelle Gunn				
Street Address City, State and ZIP Co	ode			
Okolona, Mi	ssissippi 38860			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship (Me or Others. (If more than two are named, list under PARTICULARS below.)	Committee, or State or Local Go	vernment Ager	ncy That I Beli	eve Discriminated Against
Name	No. Emplo		es, Members	Phone No. (Incl. Area Code)
United Furniture Industries, Inc.		15	+	(662) 447-4000
Street Address City, State and ZIP Co				
5380 Highway 145 South Tupelo, Miss	sissippi 38801			
Name		No. Employees, Members Phone N		Phone No. (Incl. Area Coc.e)
Street Address City, State and ZIP Co	ode	1		
DISCRIMINATION BASED ON (Check appropriate box(es).)			DATE(S) DISCRIM	INATION TOOK PLACE
RACE COLOR SEX RELIGION NATIONAL ORIGIN RETALIATION AGE DISABILITY GENETIC INFORMATION OTHER (Specify)			Earliest Latest 1/15/2021 CONTINUING ACTION	
capable of doing my duties off-site. I had been off on two (2) occas for those previous surgeries. In the spring of 2020, I suffered a non-work-related injury to my injury substantially affected my everyday life activities, specifically sometime and there was a lengthy recovery process. During my refor the job, and that I was going to be brought back to work when wanted to bring me back and allow me to work while sitting. The process me to return to work and perform my job while sitting. This was a respective to the personnel department stated that I would have to be fully recovered to make the company really needed me. Not replaced by a lead person. This lead person does not have any disaunt be allowed to return to work because I was not completely recovered to be provided to the return to work because I was not completely recovered to be provided to the return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I was not completely recovered to be provided to return to work because I	y left heel, which ultimate my ability to walk. I was u covery, the plant manage I recovered from my injures on able accommodation overed before I could return an ager in which he again evertheless, on January 15 ability. I called the personatovered.	ly required sinable to pure repeatedly ry. In Novem owever, apparon, which the reassured of the reassured of having on either by the home, as I	surgery on t any weigh assured maker 2020, harently disa me personned me that I we worker told ent, who con a disability allowing maker allowing maker allow	May 12, 2020. My nt on my heel for the that he needed me the stated that he followed the decision followed the decision followed the decision followed that refused was going to be I me that I was being confirmed that I would w, and failure to make the to sit while working during my previous
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise to agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above Is true and correct.	I swear or affirm that I have rea knowledge, information and b SIGNATURE OF COMPLAINANT	d the above char ellef.		
Lo 18 2021 Muchelle Lluna Charging Party Signature	SUBSCRIBED AND SWORN TO BEFOR (month, day, year)	RE ME THIS DATE	T	JUN 2 1 2021